

United States Bankruptcy Court for the:

District of Nevada

Case number (if known): \_\_\_\_\_ Chapter 7☐ Check if this is an amended filing

## Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name MULLINS, INC.

2. All other names debtor used in the last 8 years SHINE SALON SPA

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 20-8048777

4. Debtor's address

Principal place of business		Mailing address, if different from principal place of business
<u>25 ANTREKA COURT</u>		
Number	Street	Number Street
<u>Sparks NV 89436</u>		P.O. Box
City	State ZIP Code	City State ZIP Code
<u>Washoe County</u>		Location of principal assets, if different from principal place of business
County		Number Street
		City State ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor MULLINS, INC. Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.naics.com/search/>.7231**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

If more than 2 cases, attach a separate list.

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor MULLINS, INC. Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**11. Why is the case filed in *this* district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number Street

\_\_\_\_\_

City State ZIP Code

**Is the property insured?**

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |

**15. Estimated assets**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor MULLINS, INC. Case number (if known) \_\_\_\_\_  
 Name

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/20/2024  
 MM / DD / YYYY

**X** /s/ DAWN MULLINS  
 Signature of authorized representative of debtor

DAWN MULLINS  
 Printed name

Title PRESIDENT

**18. Signature of attorney**

**X** /s/ J. Craig Demetras  
 Signature of attorney for debtor

Date 05/20/2024  
 MM / DD / YYYY

J. Craig Demetras  
 Printed name

Demetras Law  
 Firm name

230 E Liberty Street  
 Number Street

Reno NV 89501  
 City State ZIP Code

775-348-4600 jcd@demetraslaw.com  
 Contact phone Email address

4246 NV  
 Bar number State

**Fill in this information to identify the case:**

Debtor name MULLINS, INC.

United States Bankruptcy Court for the: District of Nevada (State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B* .....\$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....\$ 17,605.00**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....\$ 17,605.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....\$ 0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....\$ 11,044.26**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....+\$ 210,341.79**4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ 221,386.05

**Fill in this information to identify the case:**Debtor name MULLINS, INC.United States Bankruptcy Court for the: District of Nevada

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

\$ 0.00

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. US Bank	Checking	_____	\$ 0.00
3.2. US Bank - checking account (master)	Checking	_____	\$ 0.00

**4. Other cash equivalents (Identify all)**

4.1. \_\_\_\_\_ \$ \_\_\_\_\_

4.2. \_\_\_\_\_ \$ \_\_\_\_\_

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 0.00

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. \_\_\_\_\_ \$ \_\_\_\_\_

7.2. \_\_\_\_\_ \$ \_\_\_\_\_

Debtor

MULLINS, INC.  
Name

Case number (if known)

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ = ..... →  
face amount doubtful or uncollectible accounts \$ \_\_\_\_\_11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... →  
face amount doubtful or uncollectible accounts \$ \_\_\_\_\_**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ \_\_\_\_\_

**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

Debtor

MULLINS, INC.

Name

Case number (if known)

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>20. Work in progress</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>21. Finished goods, including goods held for resale</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>22. Other inventory or supplies</b>				
HAIR COLOR & RETAIL AVEDA				2,000.00
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>23. Total of Part 5</b>				2,000.00
Add lines 19 through 22. Copy the total to line 84.				

**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
_____	\$ _____	_____	\$ _____
<b>29. Farm animals</b> <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment</b> (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
_____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
_____	\$ _____	_____	\$ _____



Debtor

MULLINS, INC.  
Name

Case number (if known)

**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

**34. Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b> MISC KITCHEN APPLIANCES, WASHER, DRYER, BREAKROOM TABLES & CHAIRS, WALL PICTURES	\$ _____	_____	\$ 1,400.00
<b>40. Office fixtures</b>	\$ _____	_____	\$ _____
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b> 3 OFFICE CHAIRS & SMALL DESK	\$ _____	_____	\$ 300.00
<b>42. Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 1,700.00

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor

MULLINS, INC.

Name

Case number (if known)

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> 3 HAIR STATIONS, 3 WASH STATIONS, 3 MIRRORS, 3 TROLLEYS, 6 CHAIRS			
	\$ _____	_____	\$ 13,905.00
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ 13,905.00

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor

MULLINS, INC.

Name

Case number (if known)

**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
<b>56. Total of Part 9.</b> Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ _____
<b>57. Is a depreciation schedule available for any of the property listed in Part 9?</b>				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>58. Has any of the property listed in Part 9 been appraised by a professional within the last year?</b>				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____
<b>66. Total of Part 10.</b> Add lines 60 through 65. Copy the total to line 89.			\$ _____

Debtor

MULLINS, INC.  
Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

Debtor

MULLINS, INC.

Name

Case number (if known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 0.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 2,000.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 1,700.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 13,905.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		\$ 0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. .... 91a.	\$ 17,605.00	+ 91b. \$ 0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. .... 17,605.00		\$ 17,605.00

**Fill in this information to identify the case:**Debtor name MULLINS, INC.United States Bankruptcy Court for the: District of Nevada

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim****2.1 Creditor's name****Describe debtor's property that is subject to a lien**

Creditor's mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's email address, if known

**Describe the lien**

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?

- ☐ No
- ☐ Yes. Specify each creditor, including this creditor,

**Is the creditor an insider or related party?**

- ☐ No
- ☐ Yes

**Is anyone else liable on this claim?**

- ☐ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**2.2 Creditor's name****Describe debtor's property that is subject to a lien**

Creditor's mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's email address, if known

**Describe the lien**

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?

- ☐ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

**Is the creditor an insider or related party?**

- ☐ No
- ☐ Yes

**Is anyone else liable on this claim?**

- ☐ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$ \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor MULLINS, INC.

United States Bankruptcy Court for the: District of Nevada

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address  
NEVADA DEPARTMENT OF EMPLOYMENT  
TRAINING AND REHABILITATION  
ATTN: BANKRUPTCY DEPARTMENT  
500 EAST THIRD STREET  
CARSON CITY, NV, 89713-0030

Date or dates debt was incurred

2Last 4 digits of account  
number 1600Specify Code subsection of **PRIORITY** unsecured  
claim: 11 U.S.C. § 507(a) ( 8 )As of the petition filing date, the claim is: \$ 11,044.26

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes &amp; Other Government Units

Total claim

Priority amount

\$ 11,044.26

Is the claim subject to offset?

- ☒ No
- ☐ Yes

**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_Specify Code subsection of **PRIORITY** unsecured  
claim: 11 U.S.C. § 507(a) ( \_\_\_\_\_ )

Is the claim subject to offset?

- ☐ No
- ☐ Yes

**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_Specify Code subsection of **PRIORITY** unsecured  
claim: 11 U.S.C. § 507(a) ( \_\_\_\_\_ )

Is the claim subject to offset?

- ☐ No
- ☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> ALEXI FERNANDEZ   <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> gift card  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 225.00
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> ALLISON MEERT   <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> gift card  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 130.00
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> AMERICAN EXPRESS ATTN: BANKRUPTCY DEPARTMENT P. O. BOX 297871 FT. LAUDERDALE, FL, 33329-7871  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 29,989.00
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> ANDREA RODRIGUEZ MILLER   <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> gift card  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 36.85
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> ANITA DANNIEL   <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> gift card  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 10.00
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> ANITA IHRIG   <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> gift card  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 75.00



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup> Nonpriority creditor's name and mailing address

ANITA THOMPSON

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>8</sup> Nonpriority creditor's name and mailing address

ANNA ALDRIDGE

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 125.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>9</sup> Nonpriority creditor's name and mailing address

ANNA MORT

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 17.50

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>10</sup> Nonpriority creditor's name and mailing address

ANTHONY LAGUNA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 75.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>11</sup> Nonpriority creditor's name and mailing address

BAILEY DAVIDSON

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup> Nonpriority creditor's name and mailing address

BETH GRAHAM

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 20.63

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>13</sup> Nonpriority creditor's name and mailing address

BETSEY CUTLER

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>14</sup> Nonpriority creditor's name and mailing address

BEVERLY KINDNESS

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 160.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>15</sup> Nonpriority creditor's name and mailing address

BILLIE ANDAMSON

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 54.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>16</sup> Nonpriority creditor's name and mailing address

BRANDY HILLS

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 60.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>17</sup> Nonpriority creditor's name and mailing address

BRENDA CORTES

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 120.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>18</sup> Nonpriority creditor's name and mailing address

CANDACE SANNER

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 30.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>19</sup> Nonpriority creditor's name and mailing address

CARLIE MYERS

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 40.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>20</sup> Nonpriority creditor's name and mailing address

CARLOS MADERA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>21</sup> Nonpriority creditor's name and mailing address

CASSIE MENGE

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 52.50

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>22</sup> Nonpriority creditor's name and mailing address

CHAD FERRELL

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>23</sup> Nonpriority creditor's name and mailing addressCHASE INK  
ATTN: BANKRUPTCY DEPARTMENT

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 25,141.00

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>24</sup> Nonpriority creditor's name and mailing address

CHELSEA ROWSON

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>25</sup> Nonpriority creditor's name and mailing address

CHRISTINE KIRKLAND

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>26</sup> Nonpriority creditor's name and mailing addressCITI - COSTCO  
ATTN: BANKRUPTCY DEPARTMENT  
P. O. BOX 78019  
PHOENIX, AZ, 85062-8019

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 12,229.00

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>27</sup> Nonpriority creditor's name and mailing address

CYNTHIA ALTAMIRANO

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 145.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>28</sup> Nonpriority creditor's name and mailing address

DENA FLYN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 15.35

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>29</sup> Nonpriority creditor's name and mailing address

DENNIS PELHAM

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>30</sup> Nonpriority creditor's name and mailing address

DOUGLAS PLAZA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 156.44

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>31</sup> Nonpriority creditor's name and mailing address

ELLEN GLEASON

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>32</sup>	Nonpriority creditor's name and mailing address ERIN DEL PORTO	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 150.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>33</sup>	Nonpriority creditor's name and mailing address HEATHER JOHNSON	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 28.13
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>34</sup>	Nonpriority creditor's name and mailing address INTERNAL REVENUE SERVICE BANKRUPTCY DEPARTMENT P. O. BOX 7346 Philadelphia, PA, 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: NOTICE	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>35</sup>	Nonpriority creditor's name and mailing address JACKIE MARQUIS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 225.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>36</sup>	Nonpriority creditor's name and mailing address JANICE ALBERT	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 18.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>37</sup> Nonpriority creditor's name and mailing address

JANICE HOBRON

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 45.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>38</sup> Nonpriority creditor's name and mailing address

JANICE K KLASS

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 200.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>39</sup> Nonpriority creditor's name and mailing address

JENNIE ALLAN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>40</sup> Nonpriority creditor's name and mailing address

JEREMY ZICHOSCH

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 245.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>41</sup> Nonpriority creditor's name and mailing address

JESS AND DEEJ

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>42</sup> Nonpriority creditor's name and mailing address

JESSICA CRANE

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>43</sup> Nonpriority creditor's name and mailing address

JULIE HART

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 5.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>44</sup> Nonpriority creditor's name and mailing address

JULIETTE HAMER

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 115.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>45</sup> Nonpriority creditor's name and mailing address

KATHERINE RYSER

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 4.50

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>46</sup> Nonpriority creditor's name and mailing address

KATHY CHAPEL

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 105.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>47</sup> Nonpriority creditor's name and mailing address

KATHY WILCOX

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 103.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>48</sup> Nonpriority creditor's name and mailing address

KAY CAUDELL

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>49</sup> Nonpriority creditor's name and mailing address

KELLY LEE

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 136.35

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>50</sup> Nonpriority creditor's name and mailing address

KIM TEIXEIRA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 80.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>51</sup> Nonpriority creditor's name and mailing address

KORIE MARTINEZ

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>52</sup>	Nonpriority creditor's name and mailing address KYLE YOUNG	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 95.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>53</sup>	Nonpriority creditor's name and mailing address KYME BROWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 30.30
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>54</sup>	Nonpriority creditor's name and mailing address LACEY HOSLEY	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 15.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>55</sup>	Nonpriority creditor's name and mailing address LAURA CASTRO	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 20.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>56</sup>	Nonpriority creditor's name and mailing address LAURYN EHRLICH	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 45.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>57</sup> Nonpriority creditor's name and mailing address

LINDA SEWELL

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 80.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>58</sup> Nonpriority creditor's name and mailing address

LINDSAY KAISER

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 105.20

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>59</sup> Nonpriority creditor's name and mailing address

MARGRET ZICARI

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 200.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>60</sup> Nonpriority creditor's name and mailing address

MARI HARTMANN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>61</sup> Nonpriority creditor's name and mailing address

MEGAN AMUNSON

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 285.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>62</sup> Nonpriority creditor's name and mailing address

MELISSA COOK SANFORD

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 150.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>63</sup> Nonpriority creditor's name and mailing address

MELISSA MYERS

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 75.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>64</sup> Nonpriority creditor's name and mailing address

MERRI JO FREESE

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 40.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>65</sup> Nonpriority creditor's name and mailing address

MICHELE URBAN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>66</sup> Nonpriority creditor's name and mailing address

MIKE ZAHRAKKA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 51.75

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>67</sup>	Nonpriority creditor's name and mailing address MISTY JACKSON	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 35.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>68</sup>	Nonpriority creditor's name and mailing address MONICA MITCHELL	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 370.55
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>69</sup>	Nonpriority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION BANKRUPTCY DEPARTMENT 700 WARM SPRINGS RD., 2ND FLOOR Las Vegas, NV, 89119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: NOTICE	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>70</sup>	Nonpriority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION BANKRUPTCY DEPARTMENT 4600 KIETZKE LANE, STE L-235 Reno, NV, 89502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: NOTICE	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>71</sup>	Nonpriority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION BANKRUPTCY DEPARTMENT 1550 COLLECCE PKWY, STE 115 Carson City, NV, 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: NOTICE	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>72</sup> Nonpriority creditor's name and mailing address

NEVADA LABOR COMMISSION  
BANKRUPTCY DEPARTMENT  
1818 COLLEGE PKWY, STE 102  
Carson City, NV, 89701

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 0.00

Basis for the claim: NOTICE

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>73</sup> Nonpriority creditor's name and mailing address

NOAH COLLINS

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 40.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>74</sup> Nonpriority creditor's name and mailing address

PAM BLACK

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 37.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>75</sup> Nonpriority creditor's name and mailing address

PATRICIA LINBQIST

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>76</sup> Nonpriority creditor's name and mailing address

PHYLLIS DENHAM

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 80.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>77</sup> Nonpriority creditor's name and mailing address

RAY FRIESEN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 305.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>78</sup> Nonpriority creditor's name and mailing address

RICK RUSSELL

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 18.19

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>79</sup> Nonpriority creditor's name and mailing address

RICK YATOOMA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 200.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>80</sup> Nonpriority creditor's name and mailing address

ROBERT DAHL

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 30.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>81</sup> Nonpriority creditor's name and mailing address

RUBEN SILVA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>82</sup>	<b>Nonpriority creditor's name and mailing address</b> SHAUNA NELSON	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 110.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> gift card  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>83</sup>	<b>Nonpriority creditor's name and mailing address</b> SMALL BUSINESS ADMINISTRATION ATTN: BANKRUPTCY DEPARTMENT 409 3RD ST., SW Washington, DC, 20416	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> NOTICE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>84</sup>	<b>Nonpriority creditor's name and mailing address</b> SMALL BUSINESS ADMINISTRATION ATTN: BANKRUPTCY DEPARTMENT 1664 N. VIRGINIA STREET Reno, NV, 89557	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> NOTICE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>85</sup>	<b>Nonpriority creditor's name and mailing address</b> SOCIAL SECURITY ADMINISTRATION 160 SPEAR STREET SUITE 800 San Francisco, CA, 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> NOTICE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>86</sup>	<b>Nonpriority creditor's name and mailing address</b> SPARKS MERCANTILE c/o THE BALL LAW GROUP 1935 VILLAGE CENTER CIR., STE 120 Las Vegas, NV, 89134	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 134,034.39
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> LEASE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



**Part 2: Additional Page**

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Amount of claim

3. <sup>87</sup> Nonpriority creditor's name and mailing address

STATE OF NEVADA EMPLOYMENT SECURITY  
DIVISION  
500 E. THIRD STREET  
Carson City, NV, 89713

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 0.00

Basis for the claim: NOTICE

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>88</sup> Nonpriority creditor's name and mailing address

STATE OF NEVADA EMPLOYMENT SECURITY  
DIVISION  
500 E. THIRD STREET  
Carson City, NV, 89713

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 0.00

Basis for the claim: NOTICE

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>89</sup> Nonpriority creditor's name and mailing address

STEVE KINNAN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 420.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>90</sup> Nonpriority creditor's name and mailing address

SUE ROSE

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 93.58

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>91</sup> Nonpriority creditor's name and mailing address

SUZANNE HALDEMAN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>92</sup>	Nonpriority creditor's name and mailing address TAKHAR NAVNEET KAUR	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 45.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>93</sup>	Nonpriority creditor's name and mailing address TAMMY MACKAY	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 47.50
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>94</sup>	Nonpriority creditor's name and mailing address THERESA YOUNG	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 0.54
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>95</sup>	Nonpriority creditor's name and mailing address TIM MCGRITH	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 20.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>96</sup>	Nonpriority creditor's name and mailing address TOM BREUNIG	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 150.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>97</sup> <u>      </u>	Nonpriority creditor's name and mailing address TRACY SMITH	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 150.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>98</sup> <u>      </u>	Nonpriority creditor's name and mailing address TRAVIS WEISE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 230.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>99</sup> <u>      </u>	Nonpriority creditor's name and mailing address TRAVIS WOLF	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 65.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>100</sup> <u>      </u>	Nonpriority creditor's name and mailing address UNITED STATES TRUSTEE 300 BOOTH STREET SUITE 3009 Reno, NV, 89509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: NOTICE	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>101</sup> <u>      </u>	Nonpriority creditor's name and mailing address VIVIAN OLDS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: gift card	\$ 80.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>102</sup> Nonpriority creditor's name and mailing address

WASHOE COUNTY TREASURER  
ATTN: BANKRUPTCY DEPARTMENT  
1001 E. 9th ST., BLDG D, ROOM 140  
RENO, NV, 89512

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 150.54

Basis for the claim: PERSONAL PROPERTY TAXES

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>103</sup> Nonpriority creditor's name and mailing address

WENDY KERSHAW

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 150.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>104</sup> Nonpriority creditor's name and mailing address

WENDY WALLACE

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 100.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>105</sup> Nonpriority creditor's name and mailing address

WILL BORGNA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 120.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>106</sup> Nonpriority creditor's name and mailing address

ZIGGY TERELAK

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 200.00

Basis for the claim: gift card

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 11,044.26

5b. **Total claims from Part 2**

5b.

+

\$ 210,341.79

5c. **Total of Parts 1 and 2**

5c.

\$ 221,386.05

Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name MULLINS, INC.

United States Bankruptcy Court for the: District of Nevada

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

**2.1**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.2**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.3**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.4**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.5**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Fill in this information to identify the case:**Debtor name MULLINS, INC.United States Bankruptcy Court for the: District of Nevada

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**Column 1: Codebtor****Column 2: Creditor****Name****Mailing address****Name***Check all schedules that apply:*2.1 DAWN MULLINS 25 ANTREKA COURT  
Sparks, NV 89436

SPARKS MERCANTILE

☐ D  
☒ E/F  
☐ G

2.2

☐ D  
☐ E/F  
☐ G

2.3

☐ D  
☐ E/F  
☐ G

2.4

☐ D  
☐ E/F  
☐ G

2.5

☐ D  
☐ E/F  
☐ G

2.6

☐ D  
☐ E/F  
☐ G

**Fill in this information to identify the case:**

Debtor name MULLINS, INC.

United States Bankruptcy Court for the: District of Nevada

Case number (if known):

☐ Check if this is an amended filing

**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**

☒ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From MM / DD / YYYY to Filing date

☐ Operating a business  
☐ Other

\$

**For prior year:**

From MM / DD / YYYY to MM / DD / YYYY

☐ Operating a business  
☐ Other

\$

**For the year before that:**

From MM / DD / YYYY to MM / DD / YYYY

☐ Operating a business  
☐ Other

\$

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From MM / DD / YYYY to Filing date

\$

**For prior year:**

From MM / DD / YYYY to MM / DD / YYYY

\$

**For the year before that:**

From MM / DD / YYYY to MM / DD / YYYY

\$



Debtor MULLINS, INC.  
Name

Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name _____		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name _____	_____ _____ _____	\$ _____	
Relationship to debtor _____			
4.2. Insider's name _____	_____ _____ _____	\$ _____	
Relationship to debtor _____			

Debtor MULLINS, INC.  
Name

Case number (if known) \_\_\_\_\_

### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	_____ Creditor's name		_____	\$ _____
5.2.	_____ Creditor's name		_____	\$ _____

### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
_____ Creditor's name		_____	\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

## Part 3: Legal Actions or Assignments

### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	_____ Case number			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	_____ Case title		_____ Court or agency's name and address	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	_____ Case number			

Debtor MULLINS, INC.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
_____	_____	_____	\$ _____

Debtor MULLINS, INC.  
Name

Case number (if known) \_\_\_\_\_

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Demetras Law		02262024	\$ 2,800.00
	Address			

Email or website address  
\_\_\_\_\_Who made the payment, if not debtor?  
\_\_\_\_\_

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____		_____	\$ _____
	Address			

Email or website address  
\_\_\_\_\_Who made the payment, if not debtor?  
\_\_\_\_\_**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	_____		_____	\$ _____
	Trustee			
	_____			

Debtor MULLINS, INC.  
Name

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
	From	To
14.1. 2855 N. MCCARREN BLVD SUITE 102 Sparks, NV 89431	09/01/2011	02/28/2024
14.2. _____	_____	_____

Debtor MULLINS, INC.  
Name

Case number (if known) \_\_\_\_\_

## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically  
☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically  
☐ Paper

## Part 9: Personally Identifiable Information

### 16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.  
☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- ☐ No  
☐ Yes

### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.  
☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

\_\_\_\_\_

EIN: \_\_\_\_\_

Has the plan been terminated?

- ☐ No  
☐ Yes

Debtor MULLINS, INC. Case number (if known) \_\_\_\_\_  
 Name

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**
**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	US Bank - checking account (master) Name	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	01/01/2024	\$ 0.00
18.2.	 Name	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
 Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address			

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
 Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address			

Debtor MULLINS, INC. Case number (if known) \_\_\_\_\_  
 Name

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**
**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
_____ Name			\$ _____

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____ Case number	_____ Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____ Name	_____ Name		_____



Debtor MULLINS, INC.  
Name

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____ Name	_____ Name		_____

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name		EIN: _____ <b>Dates business existed</b> From _____ To _____
25.2. _____ Name		EIN: _____ <b>Dates business existed</b> From _____ To _____
25.3. _____ Name		EIN: _____ <b>Dates business existed</b> From _____ To _____

Debtor

MULLINS, INC.

Name

Case number (if known)

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1. Ron Scott Simpkins

Name

From \_\_\_\_\_

To \_\_\_\_\_

Name and address

Dates of service

26a.2.

Name

From \_\_\_\_\_

To \_\_\_\_\_

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address

Dates of service

26b.1.

Name

From \_\_\_\_\_

To \_\_\_\_\_

Name and address

Dates of service

26b.2.

Name

From \_\_\_\_\_

To \_\_\_\_\_

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Name

Debtor MULLINS, INC. Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**Name and address**

If any books of account and records are  
 unavailable, explain why

26c.2.

Name \_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

26d.1.

Name \_\_\_\_\_

**Name and address**

26d.2.

Name \_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of  
inventory

The dollar amount and basis (cost, market, or  
 other basis) of each inventory

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.1.

Name \_\_\_\_\_

Debtor MULLINS, INC.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory

Date of  
inventory

The dollar amount and basis (cost, market, or  
other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2.

Name \_\_\_\_\_

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
DAWN MULLINS	25 ANTREKA COURT, Sparks, NV 89436	PRESIDENT/DIRECTOR	100

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____ Name	_____	_____	
		_____	
		_____	
Relationship to debtor		_____	

Debtor MULLINS, INC. Case number (if known) \_\_\_\_\_  
Name

**Name and address of recipient**

30.2

Name \_\_\_\_\_

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

**Name of the pension fund**

**Employer Identification number of the pension fund**

EIN: \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/20/2024  
MM / DD / YYYY

**X**

/s/ DAWN MULLINS

Printed name DAWN MULLINS

Signature of individual signing on behalf of the debtor

Position or relationship to debtor PRESIDENT

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

**Fill in this information to identify the case and this filing:**Debtor Name MULLINS, INC.United States Bankruptcy Court for the: District of Nevada

Case number (If known): \_\_\_\_\_

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/20/2024  
MM / DD / YYYY

**X** /s/ DAWN MULLINS

Signature of individual signing on behalf of debtor

DAWN MULLINS

Printed name

PRESIDENT

Position or relationship to debtor

United States Bankruptcy Court  
District of Nevada

In re: MULLINS, INC.

Case No.

Chapter 7

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 05/20/2024

/s/ DAWN MULLINS

Signature of Individual signing on behalf of debtor

PRESIDENT

Position or relationship to debtor

ALEXI FERNANDEZ

ALLISON MEERT

AMERICAN EXPRESS  
ATTN: BANKRUPTCY DEPARTMENT  
P. O. BOX 297871  
FT. LAUDERDALE, FL 33329-7871

ANDREA RODRIGUEZ MILLER

ANITA DANNIEL

ANITA IHRIG

ANITA THOMPSON

ANNA ALDRIDGE

ANNA MORT

ANTHONY LAGUNA

BAILEY DAVIDSON

BETH GRAHAM

BETSEY CUTLER

BEVERLY KINDNESS

BILLIE ANDAMSON

BRANDY HILLS

BRENDA CORTES

CANDACE SANNER

CARLIE MYERS

CARLOS MADERA



CASSIE MENGE

CHAD FERRELL

CHASE INK  
ATTN: BANKRUPTCY DEPARTMENT

CHELSEA ROWSON

CHRISTINE KIRKLAND

CITI - COSTCO  
ATTN: BANKRUPTCY DEPARTMENT  
P. O. BOX 78019  
PHOENIX, AZ 85062-8019

CYNTHIA ALTAMIRANO

DAWN MULLINS  
25 ANTREKA COURT  
SPARKS, NV 89436

DENA FLYN

DENNIS PELHAM

DOUGLAS PLAZA

ELLEN GLEASON

ERIN DEL PORTO

HEATHER JOHNSON

INTERNAL REVENUE SERVICE  
BANKRUPTCY DEPARTMENT  
P. O. BOX 7346  
PHILADELPHIA, PA 19101

JACKIE MARQUIS

JANICE ALBERT

JANICE HOBRON

JANICE K KLASS

JENNIE ALLAN

JEREMY ZICHOSCH

JESS AND DEEJ

JESSICA CRANE

JULIE HART

JULIETTE HAMER

KATHERINE RYSER

KATHY CHAPEL

KATHY WILCOX

KAY CAUDELL

KELLY LEE

KIM TEIXEIRA

KORIE MARTINEZ

KYLE YOUNG

KYME BROWN

LACEY HOSLEY

LAURA CASTRO

LAURYN EHRLICH

LINDA SEWELL

LINDSAY KAISER

MARGRET ZICARI

MARI HARTMANN

MEGAN AMUNSON

MELISSA COOK SANFORD

MELISSA MYERS

MERRI JO FREESE

MICHELE URBAN

MIKE ZAHRADKA

MISTY JACKSON

MONICA MITCHELL

NEVADA DEPARTMENT OF EMPLOYMENT TRAINING AND  
ATTN: BANKRUPTCY DEPARTMENT  
500 EAST THIRD STREET  
CARSON CITY, NV 89713-0030

NEVADA DEPARTMENT OF TAXATION  
BANKRUPTCY DEPARTMENT  
700 WARM SPRINGS RD, ., 2ND FLOOR  
LAS VEGAS, NV 89119

NEVADA DEPARTMENT OF TAXATION  
BANKRUPTCY DEPARTMENT  
4600 KIETZKE LANE, STE L-235  
RENO, NV 89502

NEVADA DEPARTMENT OF TAXATION  
BANKRUPTCY DEPARTMENT  
1550 COLLECCE PKWY, STE 115  
CARSON CITY, NV 89706

NEVADA LABOR COMMISSION  
BANKRUPTCY DEPARTMENT  
1818 COLLEGE PKWY, STE 102  
CARSON CITY, NV 89701

NOAH COLLINS

PAM BLACK

PATRICIA LINBQIST

PHYLLIS DENHAM

RAY FRIESEN

RICK RUSSELL

RICK YATOOMA

ROBERT DAHL

RUBEN SILVA

SHAUNA NELSON

SMALL BUSINESS ADMINISTRATION  
ATTN: BANKRUPTCY DEPARTMENT  
409 3RD ST., SW  
WASHINGTON, DC 20416

SMALL BUSINESS ADMINISTRATION  
ATTN: BANKRUPTCY DEPARTMENT  
1664 N. VIRGINIA STREET  
RENO, NV 89557

SOCIAL SECURITY ADMINISTRATION  
160 SPEAR STREET  
SUITE 800  
SAN FRANCISCO, CA 94105

SPARKS MERCANTILE  
C/O THE BALL LAW GROUP  
1935 VILLAGE CENTER CIR., STE 120  
LAS VEGAS, NV 89134

STATE OF NEVADA EMPLOYMENT SECURITY DIVISION  
500 E. THIRD STREET  
CARSON CITY, NV 89713

STEVE KINNAN

SUE ROSE

SUZANNE HALDEMAN

TAKHAR NAVNEET KAUR

TAMMY MACKAY

THERESA YOUNG

TIM MCGRITH

TOM BREUNIG

TRACY SMITH

TRAVIS WEISE

TRAVIS WOLF

UNITED STATES TRUSTEE  
300 BOOTH STREET  
SUITE 3009  
RENO, NV 89509

VIVIAN OLDS

WASHOE COUNTY TREASURER  
ATTN: BANKRUPTCY DEPARTMENT  
1001 E. 9TH ST., BLDG D, ROOM 140  
RENO, NV 89512

WENDY KERSHAW

WENDY WALLACE

WILL BORGNA

ZIGGY TERELAK

# United States Bankruptcy Court

District of Nevada

In re MULLINS, INC.

Case No. \_\_\_\_\_

Debtor

Chapter <sup>7</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept ..... \$ 2,500.00  
 Prior to the filing of this statement I have received. .... \$ 2,800.00  
 Balance Due. .... \$ -300.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ \_\_\_\_\_  
 The undersigned shall bill against the retainer at an hourly rate of ..... \$ \_\_\_\_\_  
 [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
adversary proceedings and contested matters

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/20/2024

/s/ J. Craig Demetras, 4246

*Date*

*Signature of Attorney*

Demetras Law

*Name of law firm*  
230 E Liberty Street  
Reno, NV 89501



**United States Bankruptcy Court**

**IN RE:**

Case No. \_\_\_\_\_

MULLINS, INC.

Chapter 7

**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
DAWN MULLINS 25 ANTREKA COURT, Sparks, NV 89436	100	